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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/782,241

Filing Date

2/18/2004

First Named Inventor

Oleson

Art Unit

Not yet assigned

Examiner Name

Not yet assigned

Attorney Docket Number

BU129/0BU27-U

**ENCLOSURES (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Technology Center (TC)        |
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| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	David W. Nagle, Jr.
Signature	
Date	March 1, 2004

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Memorie Stofferahn
Signature	
Date	3/1/2004

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IN THE U.S. PATENT AND TRADEMARK OFFICE

U.S. Patent Application S.N. 10/782,241

Title: PROTECTIVE HELMET WITH VERTICALLY ADJUSTABLE  
HEADBAND

Inventor(s): OLESON

Group Art Unit: Unassigned

Examiner: Unassigned

**PRELIMINARY AMENDMENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Please amend claims 1, 6, 10, and 15 as indicated on the following pages. This listing of claims will replace all prior versions and listings of claims in the present application.

Respectfully submitted,

David W. Nagle, Jr., Reg. No. 42,923  
**STITES & HARBISON, PLLC**  
400 W. Market Street  
Louisville, Kentucky 40202-3352  
Phone (502) 587-3400  
Facsimile (502) 587-6391